

EMPLOYMENT COMPLAINT FORM

Mail To:
KENTUCKY LABOR CABINET
1047 U. S. 127 S. STE 4
FRANKFORT, KENTUCKY 40601-4381
Telephone: 502-564-3534 ~ Fax: 502-696-1897
www.labor.ky.gov

Personal Information		
Full Name:	Hourly/Salary Wage:	
Home Address:	Amount Owed:	
City, State, & Zip Code:	Email Address:	
Social Security Number:	Cell Number:	
Home Phone Number:		
Nature of Complaint:		
I authorized the Kentucky Labor Cabinet, to use my name in this Investigation:		
Yes _____	No _____	Date: _____ Signature: _____
Business Information		
Business Name:		
Employer's Contact Person:		Title:
Employer's Kentucky Address:		Phone:
City:	County:	Zip:
If Home Office is Out of State, Give Address:		
Period of Employment ~ From:		To:
Give your job title and describe your duties:		
DO NOT WRITE IN THE SECTION BELOW:		
Case Number:		
Assigned to:		
Date Assigned:		
Type of Complaint:		
Assigned by:		

DO NOT WRITE ON THE BACK OF THIS FORM - ATTACH ADDITIONAL SHEETS IF NEEDED